

SERFF Tracking Number: AMST-125590582 State: Arkansas
Filing Company: American Interstate Insurance Company State Tracking Number: #? \$0
Company Tracking Number: 08-0047
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Informational Filing
Project Name/Number: Terrorism Insurance Policyholder Disclosure Notice/

Filing at a Glance

Company: American Interstate Insurance Company

Product Name: Informational Filing

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rule

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

State Filing Description:

SERFF Tr Num: AMST-125590582

SERFF Status: Closed

Co Tr Num: 08-0047

Co Status:

Author: Cheryl Morott

Date Submitted: 04/03/2008

State: Arkansas

State Tr Num: #? \$0

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Disposition Date: 04/11/2008

Disposition Status: Approved

Effective Date (New): 01/01/2008

Effective Date (Renewal):

General Information

Project Name: Terrorism Insurance Policyholder Disclosure Notice

Project Number:

Reference Organization: Arkansas Insurance Department

Reference Title: Filing Procedures for Compliance with the Provisions of Advisory Org. Circular:

the Terrorism Risk Insurance Program Reauthorization Act of 2007

Filing Status Changed: 04/11/2008

State Status Changed: 04/03/2008

Corresponding Filing Tracking Number:

Filing Description:

American Interstate Insurance Company wishes to file an informational filing concerning the Terrorism Insurance Policyholder Disclosure Notice.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: Bulletin No. 1-2008

Deemer Date:

Company and Contact

Filing Contact Information

SERFF Tracking Number: AMST-125590582 State: Arkansas
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Product Name: Informational Filing
Project Name/Number: Terrorism Insurance Policyholder Disclosure Notice/

Kathy Wells, State Filing Coordinator kwells@amerisafe.com
2301 Highway 190 West (800) 256-9052 [Phone]
DeRidder, LA 70634 (337) 460-3550[FAX]

Filing Company Information

American Interstate Insurance Company CoCode: 31895 State of Domicile: Louisiana
2301 Highway 190 West Group Code: 680 Company Type:
DeRidder, LA 70634 Group Name: Amerisafe, Inc. State ID Number:
(800) 256-9052 ext. 3323[Phone] FEIN Number: 58-1181498

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/11/2008	04/11/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	04/10/2008	04/10/2008	Cheryl Morott	04/10/2008	04/10/2008
Pending Industry Response	Carol Stiffler	04/08/2008	04/08/2008	Cheryl Morott	04/09/2008	04/09/2008
Pending Industry Response	Carol Stiffler	04/03/2008	04/03/2008			

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Disclosure Notice	Note To Reviewer	Cheryl Morott	04/07/2008	04/07/2008
Disclosure Notice	Note To Reviewer	Cheryl Morott	04/07/2008	04/07/2008

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Disposition

Disposition Date: 04/11/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document (revised)	Policyholder Disclosure Notice	Approved	Yes
Supporting Document	Policyholder Disclosure Notice	Withdrawn	No
Supporting Document	Cover letter for Disclosure Notice	Approved	Yes

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Product Name: Informational Filing
Project Name/Number: Terrorism Insurance Policyholder Disclosure Notice/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/10/2008
Submitted Date 04/10/2008
Respond By Date
Dear Kathy Wells,

This will acknowledge receipt of the captioned filing. There is still a problem with the attachments. The new "TRIPRA disclosure notice" is not addressed to Arkansas. It is addressed to Georgia. It is also still in .doc format instead of .pdf. However, a cover letter is not required and if you simply request to withdraw it, then I can finalize the filing.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/10/2008
Submitted Date 04/10/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: American Interstate Insurance Company would like to withdraw our previous cover letter submitted due to typographical error.

We do apologize for any inconvenience this may have caused. If you have any questions or require further information, please do not hesitate to contact me at (800)256-9052 extension 2112 or via email at cmorott@amerisafe.com.

Sincerely,
Cheryl Morott

Changed Items:

SERFF Tracking Number: AMST-125590582 State: Arkansas
Filing Company: American Interstate Insurance Company State Tracking Number: #? \$0
Company Tracking Number: 08-0047
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Informational Filing
Project Name/Number: Terrorism Insurance Policyholder Disclosure Notice/

Supporting Document Schedule Item Changes

Satisfied -Name: Cover letter for Disclosure Notice

Comment: Please see attached cover letter.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Cheryl Morott

SERFF Tracking Number: AMST-125590582 State: Arkansas
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Company Tracking Number: 08-0047
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Informational Filing
Project Name/Number: Terrorism Insurance Policyholder Disclosure Notice/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/08/2008
Submitted Date 04/08/2008

Respond By Date

Dear Kathy Wells,

Please answer an objection letter with a response to the objection letter and not a Note to Reviewer. A Note to Reviewer is to be used only when it doesn't affect the filing--just a question or remark. It doesn't change the SERFF status from Pending Industry Response so the reviewer may not realize you have answered an objection. We do not include a Note to Reviewer nor a Note to Filer as part of the filing so any attachments will not be included in the filing.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/09/2008
Submitted Date 04/09/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Dear Carol,

Please see attached American Interstate Insurance Company Disclosure Notice. I do apologize for any inconvenience this may have caused.

If you have any questions or require further information from us, please do not hesitate to contact me at (800)256-9052 extension 2112 or via e-mail address: cmorott@amerisafe.com.

Sincerely,
Cheryl Morott

SERFF Tracking Number: AMST-125590582 State: Arkansas
Filing Company: American Interstate Insurance Company State Tracking Number: #? \$0
Company Tracking Number: 08-0047
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Informational Filing
Project Name/Number: Terrorism Insurance Policyholder Disclosure Notice/

Rate Filing Services Specialist
Regulatory Department

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Policyholder Disclosure Notice

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Cheryl Morott

SERFF Tracking Number: AMST-125590582 State: Arkansas
Filing Company: American Interstate Insurance Company State Tracking Number: #? \$0
Company Tracking Number: 08-0047
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Informational Filing
Project Name/Number: Terrorism Insurance Policyholder Disclosure Notice/

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/03/2008
Submitted Date 04/03/2008
Respond By Date

Dear Kathy Wells,

This will acknowledge receipt of the captioned filing.

It doesn't appear that the Disclosure Notice is attached to the filing. On the Supporting Documentation tab there is an attachment called "TRIPRA disclosure notice.doc" but that is a letter to the Georgia Dept of Insurance. In addition that letter is in the .doc format which should be a .pdf formatted document.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

SERFF Tracking Number: AMST-125590582 *State:* Arkansas
Filing Company: American Interstate Insurance Company *State Tracking Number:* #? \$0
Company Tracking Number: 08-0047
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Informational Filing
Project Name/Number: Terrorism Insurance Policyholder Disclosure Notice/

Note To Reviewer

Created By:

Cheryl Morott on 04/07/2008 04:54 PM

Subject:

Disclosure Notice

Comments:

Carol,

Please see attached Disclosure Notice. I apologize for the inconvenience. Thanks.

Cheryl



AMERICAN INTERSTATE INSURANCE COMPANY

2301 Hwy. 190 West
DeRidder, LA 70634
TELEPHONE: (337) 463-9052
WATS: (800) 256-9052
FAX: (888) 331-8870

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is _____, and does not include any charges for the portion of losses covered by the United States government under the Act.

Name of Insured:

Policy Number:

An AMERISAFE Company

SERFF Tracking Number: AMST-125590582 State: Arkansas
Filing Company: American Interstate Insurance Company State Tracking Number: #? \$0
Company Tracking Number: 08-0047
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Informational Filing
Project Name/Number: Terrorism Insurance Policyholder Disclosure Notice/

Note To Reviewer

Created By:

Cheryl Morott on 04/07/2008 04:41 PM

Subject:

Disclosure Notice

Comments:

Hi Carol,

Did you receive the Disclosure Notice via SERFF on 4/3/08?

Thanks,

Cheryl

SERFF Tracking Number: *AMST-125590582* *State:* *Arkansas*
Filing Company: *American Interstate Insurance Company* *State Tracking Number:* *#? \$0*
Company Tracking Number: *08-0047*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Informational Filing*
Project Name/Number: *Terrorism Insurance Policyholder Disclosure Notice/*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMST-125590582 State: Arkansas
 Filing Company: American Interstate Insurance Company State Tracking Number: #? \$0
 Company Tracking Number: 08-0047
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Informational Filing
 Project Name/Number: Terrorism Insurance Policyholder Disclosure Notice/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 04/11/2008

Comments:

Attachment:

P&C transmittal for filing 08-0047.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation
Review Status: Approved 04/11/2008

Bypass Reason: N/A

Comments:

Bypassed -Name: NAIC loss cost data entry document
Review Status: Approved 04/11/2008

Bypass Reason: N/A

Comments:

Satisfied -Name: Policyholder Disclosure Notice
Review Status: Approved 04/11/2008

Comments:

Attachments:

TRIPRA disclosure notice.doc

AIC Policyholder Disclosure Notice.pdf

Property & Casualty Transmittal Document

<p>1. Reserved for Insurance Dept. Use Only</p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #-</p> <p>g. SERFF Filing #-</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

3.	Group Name	Group NAIC #			
	Amerisafe, Inc.				
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	American Interstate Insurance Company	Louisiana	31895	58-1181498	

5.	Company Tracking Number	08-0047
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Contact Info of Filer(s) or Corporate Officer(s) Include toll-free number					
6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Cheryl Morott, 2301 Highway 190 West, DeRidder, LA 70634	Rate Filing Specialist	800-256-9052 extension 2112	337-460-3550	cmorott@amerisafe.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Cheryl Morott		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Workers' Compensation
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Informational Filing
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost [] Rules [] Rates/Rules <input type="checkbox"/> Forms [] Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal [X] Other (give description) Informational Filing
14.	Effective Date(s) Requested	New: January 1, 2008 Renewal: January 1, 2008
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	Arkansas Insurance Department - Bulletin 1-2008
17.	Reference Organization # & Title	Terrorism Insurance Policyholder Disclosure Notice
18.	Company's Date of Filing	March 25, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document-

20.	This filing transmittal is part of Company Tracking #	08-0047
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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American Interstate Insurance Company wishes to an Informational Filing pertaining to the Terrorism Insurance Policyholder Notice with an effective date of January 1, 2008.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) If a state requires you to show how you calculated your filing fees, place that calculation below
-----	--

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08-0047
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	None
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
American Interstate Insurance Company	0%	0%	8,048,190	423	8,048,190	0%	0%

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing - Written premium change for this program		
5d.	Effect of Rate Filing - Number of policyholders affected		

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01.	Terrorism Insurance Policyholder Disclosure Notice	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

SERFF Tracking Number: AMST-125590582 *State:* Arkansas
Filing Company: American Interstate Insurance Company *State Tracking Number:* #? \$0
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Attachment "TRIPRA disclosure notice.doc" is not a PDF document and cannot be reproduced here.



AMERICAN INTERSTATE INSURANCE COMPANY

2301 Hwy. 190 West
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TELEPHONE: (337) 463-9052
WATS: (800) 256-9052
FAX: (888) 331-8870

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Name of Insured:

Policy Number: